

UTILITY PATENT APPLICATION TRANSMITTAL

Our Docket No.: 11872/US/2

First Named Inventor: Tara Nicole Sherman

Title: **PROSTHETIC SPINAL DISC NUCLEUS WITH
ELEVATED SWELLING RATE**

Express Mail No.: EV 325427190 US

19587 U.S. PTO
10/23/18



ADDRESS TO:

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APPLICATION ELEMENTS

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status
3. ☒ Specification with Cover Sheet Total Pages: 26
 - ☒ Descriptive title of the invention
 - ☒ Cross Reference to Related Applications
 - ☐ Statement Re: Fed. Sponsored R&D
 - ☐ Reference to Microfiche Appendix
 - ☒ Background of the Invention
 - ☒ Brief Summary of the Invention
 - ☒ Brief Description of the Drawings
 - ☒ Detailed Description
 - ☒ Claims
 - ☒ Abstract of the Disclosure
4. ☒ Drawings (35 U.S.C. 113) Total Sheets: 3
5. ☐ Oath or Declaration Total Pages:
 - a. ☐ Newly Executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. 1.63(d))
(for continuation/divisional with Box 19 completed)
 - i. ☐ **DELECTION OF INVENTORS**
Signed statement attached deleting inventor(s) named in the prior application (37 C.F.R. 1.63(d)(2) and 1.33(b))
6. ☒ Application Data Sheet (37 C.F.R. 1.76)
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Certification Under 35 U.S.C. 122(b)(2)(B)(i)
10. ☐ Assignment Papers (cover sheet & document(s))
11. ☐ 37 C.F.R. 3.73(b) Submission
12. ☐ Power of Attorney
13. ☐ Information Disclosure Statement
(with Copies of Citations as necessary)
14. ☐ Preliminary Amendment Total Pages:
15. ☐ Certified Copy of Priority document(s)
(if foreign priority is claimed)
16. ☐ English Translation Document (if applicable)
17. ☒ Return Receipt Postcard
(Should be specifically itemized)
18. ☒ Other
 - ☒ Check in the amount of \$550
 - ☐
 - ☐
 - ☐
 - ☐
 - ☐

CONTINUATION APPLICATIONS

19. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- ☐ Continuation
- ☐ Division
- ☐ Continuation-in-Part (CIP)

of PRIOR APPLICATION

No. _____, filed _____
and also claims priority from _____, dated _____.

For CONTINUATION or DIVISIONAL APPLICATIONS: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference.

CORRESPONDENCE ADDRESS

ADDRESS

CUSTOMER NUMBER

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Signature:

Scott D. Rothenberger

Date:

November 25, 2017



01919 U.S. PTO

APPLICATION FEE TRANSMITTAL SHEET (FY 2004)

Complete if Known

Application No.	Not Yet Known
Filing Date	Herewith
First Named Inventor	Tara Nicole Sherman
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Atty. Docket Number	11872/US/2

METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)	
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 04-1420 Deposit Account Name: <u>DORSEY & WHITNEY LLP</u></p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed</p>		3. ADDITIONAL FEES	
FEE CALCULATION		Large Entity Fee	Small Entity Fee
1. BASIC FILING FEE			
Large Entity Fee	Small Entity Fee	Fee Description	Fee paid
160	80	<input type="checkbox"/> Provisional Filing Fee	
770	385	<input checked="" type="checkbox"/> Utility Filing Fee	
340	170	<input type="checkbox"/> Design Filing Fee	
770	385	<input type="checkbox"/> Reissue Filing Fee	
Subtotal (1) \$385			
2. EXTRA* CLAIM FEES			
Number Claims	Prior	Extra	Fee from Below*
Total 24	- 20	= 4	x \$9.00 = \$36
Indep. 6	- 3	= 3	x \$43.00 = \$129
Multiple Dependent Claims		=	x =
Subtotal (2) \$165			
*Calculation of Extra Claim Fees			
Large Entity Fee	Small Entity Fee	Fee Description	
18	9	Claims in excess of 20	
86	43	Independent claims in excess of 3	
290	145	Multiple dependent Claim	
86	43	Reissue independent claims over original patent	
18	9	Reissue claims in excess of 20 and over original patent	
		Subtotal (3)	0
		Total Amount of Payment:	\$550

Submitted by:

CUSTOMER NUMBER 25763	DORSEY & WHITNEY LLP	Intellectual Property Department Suite 1500, 50 South Sixth Street Minneapolis, MN 55402
Name: Scott D. Rothenberger	Phone No.: (612) 340-8819	Fax No.: (612) 340-8856
Signature: <i>Scott D. Rothenberger</i>	Reg. No.: 41,277	Date: <i>November 27, 2003</i>

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Tara Nicole Sherman et al.

Docket No.

11872/US/2

Serial No.
Not Yet KnownFiling Date
HerewithExaminer
Not Yet KnownGroup Art Unit
Not Yet Known

Invention:

PROSTHETIC SPINAL DISC NUCLEUS WITH ELEVATED SWELLING RATE

I hereby certify that this Appln Trnsmtl (1); Fee Trnsmtl (1); Appln Data (2); Spec w/Cover (26); Drwgs (3);
Check #975310; (Identify type of correspondence) **Rcpt Pstcrd**
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, D.C.
20231-0001 on 25 November 2003
(Date)

Kim Anderson(Typed or Printed Name of Person Mailing Correspondence)
(Signature of Person Mailing Correspondence)EV 325427190 US("Express Mail" Mailing Label Number)**Note: Each paper must have its own certificate of mailing.**